

AMBULANCE RUN REPORT DATA DEFINITIONS

The following definitions correspond to the fields on the State of Wisconsin Department of Health and Family Services Ambulance Run Report form. Each element is defined in order to establish a uniform set of EMS data elements to be collected by each ambulance service provider. Many of the definitions were taken from the National Highway Traffic Safety Association (NHTSA) data elements, established by the 1993 Uniform Pre-Hospital Emergency Medical Services Data Conference. Please refer to this list whenever you have a question as to how something should be documented.

- 1) Date Incident Reported: Date the call is first received by (Public Safety Access Point) PSAP or other designated entity.
- 2) Service ID: Number that identifies the ambulance service provider responding to an incident by provider license number.
- 3) Responding Unit: Number that identifies the unit (vehicle and crew) responding to an incident.
- 4) Station: Station from which vehicle and crew is responding.
- 5) Patient Care Record Number: Internally generated.
- 6) Incident address: Address where patient was found, or address to which unit responded. (Need consideration for responding to a facility: facility name in addition to address.)
- 7) Incident municipality: City or township where patient was found.
- 8) Incident county: County where patient was found or to which unit responded.
- 9) Destination Address/Facility Name: Address of patient destination.
- 10) Destination Municipality: Municipality of patient delivery destination.
- 11) Destination County: County to which patient is being transported.
- 12) Ending (Loaded) Mileage: Mileage recorded at end of transport.
- 13) Starting (Loaded) Mileage: Initial odometer reading at start of transport.
- 14) Total Loaded Mileage: Total mileage of patient transport.
- 15) Lights and siren to scene: The use of lights and siren to scene. One item from the following list should be selected to reflect the lights and siren status on the way to the scene:
 - a) Non-emergent, no lights or siren.
 - b) Initial emergent, downgraded to no lights or siren.
 - c) Initial non-emergent, upgraded to lights and siren
 - d) Emergent, with lights and siren.
 - e) Not applicable.
- 16) Crash Report Number: Form MV-4000 # preprinted on police report.
- 17) Patient Detected: Time of first connection with EMS dispatch (military time, i.e. 1830 for 6:30 p.m.).
- 18) Call Received: Time response unit is notified by EMS dispatch (military time).
- 19) En Route: Time response unit begins physical motion (military time).
- 20) At scene: Time response unit stops physical motion at scene (last place response unit or vehicle stops prior to assessing patient (military time).
- 21) At patient: Time EMTs establish first direct contact with patient (military time).
- 22) Left scene: Time response unit began physical motion from scene (military time).
- 23) At destination: Time when patient arrives at destination or transfer point (military time).
- 24) In service: Time response unit back in service available for response (military time).
- 25) Crewmember license numbers: Personnel certification/license level of crewmember.
- 26) Location type: Type of location of incident.
 - a) Airport
 - b) Clinic/medical facility: Includes Doctor's office, urgent care clinics and short-term delivery of care medical facilities.
 - c) Educational institution: Includes state, public, and private school. Excludes playground gymnasium, and other recreational locations within educational institutions, which should be coded as place for recreation or sport
 - d) Farm: Includes farm buildings and land under cultivation. Excludes farmhouse and home premises of farm.
 - e) Highway/Street: Includes incidents involving roadway experiences.
 - f) Home/Residence
 - g) Hospital
 - h) Industrial premises: Includes building under construction, dockyard, dry dock, factory building or premises, garage (place of work), industrial yard, loading platform in factory or store, industrial plant, railway yard, shop (place of work), warehouse, and workhouse.
 - i) Quarry or mine: Includes gravel pit, sandpit, or tunnel under construction.
 - j) Nursing home/Skilled nursing facility
 - k) Public building: Includes any building used by the general public, including bank, casino, church, cinema, clubhouse, courthouse, dance hall, parking garage, hotel, market, movie theater, music hall, office, office building, opera house, post office, public hall, broadcasting station, commercial shop, bus or railway station, store, or theater. Excludes industrial building or workplace. Excludes state, public, and private schools, which are listed as educational facilities.
 - l) Public outdoors: Includes beaches, desert, dock, forest, harbor, hill, mountain, parking lot, parking place, prairie, railway line, seashore, trailer court, and woods. Excludes resorts.
 - m) Recreational/Sport: Includes amusement park, baseball field, basketball court, beach resort, cricket ground, football field, golf course, gymnasium, hockey field, holiday camps, ice palace, lake resort, mountain resort, playgrounds including school playground, public parks, racecourses, resorts of all types, riding school, rifle range, seashore

resorts, skating rink, ski resorts, sports ground, sports palace, stadium, public swimming pool, tennis court, vacation resort. Excludes occurrences in private house, private garden, private swimming pool, or private yard.

- n) Residential institution: Children's home, dormitory, jails, home for elderly, orphanage, prison, and reform school.
- o) Restaurant/Bar: Includes nightclub.
- p) Waterway: Includes canal, lake, pond or natural pool, reservoir, river, sea, stream, and swamp.
- q) Unspecified location: Includes any location not included in the above classification.
- r) Other

27) Response type

- a) Mutual aid: Response requested by another ambulance service provider and/or response unit.
- b) Intercept: Refers to situation in which a second ambulance service provider or response unit receives transfer of patient from the first response unit before arrival at a medical facility. Can be used when two response units meet to complete the initial scene response or during an unscheduled interfacility transfer.
- c) Response to scene: Refers to direct response to scene of incident or injury, such as roadway, etc. This location should be the location indicated in location type options in this document. This code should not be used by the second response unit that receives the transfer of a patient from another ambulance service provider or response unit prior to arrival at a medical facility or final destination that is coded as an intercept.
- d) Scheduled interfacility transfer: Refers to transfers of patients from one facility to another facility. However, this code is chosen only when the transfer is scheduled in advance, such as a planned morning transfer of a patient from one hospital to another.
- e) Standby: Refers to situation in which a response unit is requested to arrive at a scene and be available, such as at a football stadium. If an incident occurs during the standby, the service requested becomes scene. Thus, this code should only be used when no patient event actually occurs.
- f) Unscheduled interfacility transfer: Refers to transfers of patients from one facility to another facility. For example, if a patient is stabilized in an emergency department and then transported to a tertiary care facility, this is the correct code. This code should not be used for planned, scheduled transfers, which are coded separately. This code should not be used by the second response unit involved in the transfer of a patient from one ambulance service provider or response unit to another during an unscheduled interfacility transfer, which is coded as an intercept.
- g) Unknown: Use this code when there is not enough information on the run sheet to determine the correct response for this data element.
- h) Not applicable: Use this code when there is no patient at the scene. This differs from standby, which is scheduled.

28) Patient name: The current legal last and first name of patient.

29) Patient address: The street location or other designation, such as an internal code, for the patient's address.

30) Patient city: The city or township of the patient's address.

31) Patient state: The state, territory, or district of the patient's address.

32) Patient zip: The zip code of the patient's address.

33) Patient phone: Patient's phone number.

34) Emergency Contact: Alternate number of a friend/family member.

35) Patient Physician: Family or primary care physician.

36) Patient Date of Birth: The date of the patient's birth.

37) Patient Age: Can calculate from patient date of birth.

38) Patient Weight: Identify patient weight in kg or lbs.

39) Patient gender: Identify by reproductive function of patient.

40) Patient Social Security Number: The personal identification number assigned by the US Social Security Administration.

41) Patient race: Patient's racial and ethnic origin.

- a) White
- b) Hispanic
- c) Asian/Pacific Island
- d) Black
- e) American Indian/Alaska Native
- f) Other
- g) Unknown

42) Work Related Injury (y/n)--if yes get name of company where patient works.

43) Employer: Name, Address, City, State, Zip and Phone number of Employer.

44) Insurance company name: Name of patient insurance company.

45) Insurance company group number: Indicate group number if available.

46) Insurance individual number: Indicate individual number if available.

47) Insurance Type: List type of insurance.

48) Signs and Symptoms: Signs and symptoms reported to or observed by EMTs.

- | | |
|-------------------------|-------------------------------------|
| a) Abdominal pain | q) Nausea |
| b) Back Pain | r) Numbness |
| c) Bleeding | s) Paralysis |
| d) Bloody Stool | t) Palpitations |
| e) Breathing Difficulty | u) Pregnancy/childbirth/miscarriage |
| f) Cardiac Arrest | v) Respiratory Arrest |
| g) Chest pain | w) Seizures/convulsions |
| h) Choking | x) Syncope |

- i) Diarrhea
- j) Dizziness
- k) Ear Pain
- l) Eye Pain
- m) Fever/Hyperthermia
- n) Headache
- o) Hypertension
- p) Hypothermia
- y) Trauma
- z) Unresponsive/Unconscious
- aa) Vomiting
- bb) Vaginal Bleeding
- cc) Weakness
- dd) Unknown
- ee) Other

- 49) Patient Allergies: List any allergies, paying particular attention to allergies to medications.
 50) Patient Current Medications/Dose: List all medications and dosage that patient is currently taking.
 51) Pre-Existing conditions: Pre-existing medical conditions known to the EMTs.

Medical

- a) Asthma
- b) Bleeding Disorders
- c) Cancer
- d) Chronic Renal Failure
- e) Chronic Respiratory Failure
- f) CVA/TIA
- g) Diabetes
- h) Gastrointestinal
- i) Headaches
- j) Hepatitis
- k) Hypotension
- l) Seizure/Convulsions
- m) Tuberculosis

Cardiac

- a) Angina
- b) Arrhythmia
- c) Congenital
- d) Congestive Heart Failure
- e) Hypertension
- f) Myocardial Infarction
- g) Cardiac surgery

Other

- a) Developmental Delay/MR
- b) Psychiatric
- c) Substance Abuse
- d) Tracheostomy
- e) Other

- 52) Systolic Blood Pressure
 53) Diastolic Blood Pressure
 54) Pulse (time/rate/quality)
 55) Respiratory rate per minute
 56) Respiratory effort
- a) Normal
 - b) Labored
 - c) Shallow
 - d) Absent
 - e) Assisted
- 57) Level of Consciousness: Alert, responds to Verbal, responds to Pain, Unresponsive (AVPU).
 58) Mental Status/Behavior: Indicate from list:
- a) Normal
 - b) Acute Confusion
 - c) Usually Confused
 - d) Incoherent
 - e) Intermittent Consciousness
 - f) Combative
- 59) Eyes: PERRL (Pupils equal round reactive to light) and select any determined eye-specific signs and symptoms from list.
 60) Breath Sounds: Indicate sounds. Options are Clear, Wet, Decreased, Wheeze, Absent and Stridor
 61) Skin (temperature/moisture/color/capillary refill): Mark all indicators that relate.
 62) Pain (OPQRST): Pain onset, what provokes, quality, radiation, and severity, time since.
 63) First CPR provider
- a) Bystander
 - b) First responder unit
 - c) EMS response unit
 - d) Not applicable
 - e) Unknown
- 64) Start CPR time: Best estimate of time of first CPR (military time).
 65) Time CPR discontinued (military time).
 66) Witness of cardiac arrest: Yes/No
 67) Time of Arrest: As witnessed
 68) Defibrillation provider
- a) Public access defibrillation provider
 - b) First responder unit

- c) EMS unit
- 69) Defibrillation time
- 70) Injury Site Algorithm (Match up body site and injury type).
Body Sites: Clinical description of body site.
 - a) Head/Face
 - b) Neck
 - c) Chest/Axilla
 - d) Abdomen
 - e) Back/Flank
 - f) Pelvis/Hip
 - g) Left Arm, U L J
 - h) Right Arm, U L J
 - i) Left Leg, U L J
 - j) Right Leg, U L J
 U=Upper, L=Lower, and J=Joint
- 71) Injury types: Clinical description of injuries
 - a) Pain/No Trauma
 - b) Blunt injury
 - c) Dislocation/fracture
 - d) Gunshot
 - e) Laceration
 - f) Puncture/Stab
 - g) Soft Tissue Swelling
 - h) Burn
- 72) Trauma/Burn Figures: Indicate trauma or burn areas by marking on figures.
- 73) Glasgow eye opening component: Patient's eye opening component of the Glasgow coma scale:
 - a) 1 None
 - b) 2 Opens eyes in response to painful stimulation
 - c) 3 Opens eyes in response to verbal stimulation
 - d) 4 Opens eyes spontaneously
- 74) Glasgow verbal component: Patient's verbal component of the Glasgow coma scale:
 For patients > 5 years:
 - a) 1 None
 - b) 2 Moans, whimpers, unintelligible sounds
 - c) 3 Inappropriate words
 - d) 4 Confused conversation or speech
 - e) 5 Appropriate words or speech
 For patients 2-5 years:
 - a) 1 None
 - b) 2 Moans, whimpers
 - c) 3 Irritable cry
 - d) 4 Cries but consolable
 - e) 5 Cries appropriately to stimulus, smiles, coos, fixes and follows
- 75) Glasgow Motor Component: Patient's motor component of the Glasgow coma scale:
 For patients > 5 years:
 - a) 1 None
 - a) 2 Extensor posturing in response to painful stimulation
 - b) 3 Flexor posturing in response to painful stimulation
 - c) 4 General withdrawal in response to painful stimulation
 - d) 5 Localization of painful stimulation
 - e) 6 Obeys commands with appropriate motor response
 For patients up to 5 years:
 - a) 1 None
 - b) 2 Extensor posturing in response to painful stimulation
 - c) 3 Flexor posturing in response to painful stimulation
 - d) 4 General withdrawal in response to painful stimulation
 - e) 5 Localization of painful stimulation
 - f) 6 Purposeful spontaneous movement
- 76) Glasgow Total Score: Calculate the sum of the eye opening, verbal and motor response components.
- 77) Motor Vehicle Crash Box: In a motor vehicle crash, mark diagram "P" for patient location in vehicle and "X" vehicle in all locations corresponding to damage in vehicle.
- 78) Crash Type: Indicate vehicle type from list.
- 79) Vehicle Damage Exterior: Check damage to vehicle exterior.

- 80) Vehicle Damage Interior: Check damage to vehicle interior.
- 81) Restraint Used: Indicate restraints observed used and reported used for involved patient.
- 82) Safety equipment: Safety equipment in use by patient at time of injury.
 - a) Helmet
 - b) Eye Protection
 - c) Protective Clothing
 - d) Floatation Device
 - e) Not applicable
 - f) None
 - g) Unknown
- 83) Cause of injury (For injury only - special note to definitions)
 - a) Aircraft related
 - b) Athletics/sports injury
 - c) Bicycle accident: Includes any pedal cycle accident. Pedal cycle is defined to include bicycles, tricycles, and excludes any motorized cycles. Does not include motor vehicle/bicycle accidents.
 - d) Bite: Includes animal bites, including non-venomous snakes and lizards.
 - e) Chemical exposure: Includes accidental poisoning by solid or liquid substances, gases, and vapors, which are not included under accidental drug poisoning.
 - f) Child battering suspected: Includes all forms of child battering and non-accidental injury to children. This code should be entered in all instances in which there is sufficient suspicion by the EMTs that they would be required by law to report the case to authorities as a suspected case of child abuse.
 - g) Drowning: Accidental drowning not related to watercraft use. Includes swimming accidents, bathtubs, etc. (Drowning is the appropriate cause of injury only where watercraft use is not involved.)
 - h) Drug Ingestion: Includes accidental poisoning by drugs, medicinal substances, or biological products.
 - i) Electrocution (non-lightning): Includes accidents related to electric current from exposed wire, faulty appliance, high voltage cable, live rail, or open electric socket.
 - j) Excessive cold: Includes cold injury due to weather exposure, or cold produced by man, such as in a freezer.
 - k) Excessive heat: Includes thermal injuries related to weather or heat produced by man, such as in a boiler room or factory. Excludes heat injury from conflagration.
 - l) Fall: Excludes falls which occur in the context of other external causes of injury, such as fires, falling off boats, or falling in accidents involving machinery.
 - m) Fire/flames: Includes burning by fire, asphyxia or poisoning from conflagration or ignition and fires secondary to explosions. Excludes injuries related to machinery in operation and vehicle accident.
 - n) Firearm self inflicted (intentional): If the EMTs know that an intentional assault was involved, or knows that the injury was intentionally self-inflicted, this is the correct code. In most instances, the EMT will not be able to easily assess this issue, and then the code should be entered as accidental.
 - o) Firearm accidental
 - p) Firearm assault
 - q) Lightning
 - r) Machinery injury: Includes all machinery accidents except when machinery is not in operation. Excludes electrocution.
 - s) Mechanical suffocation: Includes suffocation in bed or cradle (crib death), closed space suffocation, plastic bag, asphyxia, accidental hanging, etc.
 - t) Motor vehicle non-traffic accident: This includes any motor vehicle accident occurring entirely off public roadways or highways. For instance, an accident involving an all-terrain vehicle (ATV) in an off-road location would be a non-traffic accident.
 - u) Motor vehicle traffic
 - v) Pedestrian traffic: Motor vehicle accidents in which the patient was a pedestrian struck by a motor vehicle of any type. Includes individuals on skates, in baby carriages, in wheelchairs, on skateboards, skiers, etc.
 - w) Physical Assault
 - x) Poison, not drugs: Ingestion of poison other than drugs.
 - y) Radiation exposure: Excludes complications of radiation therapy.
 - z) Sexual assault/rape
 - aa) Smoke inhalation: Includes smoke and fume inhalation from conflagration
 - bb) Stabbing: Includes cuts, punctures, or stabs of any part of the body.
 - cc) Stings (plant/animal): Includes bites and stings from venomous snakes, lizards, spiders,
 - dd) Scorpions, insects, marine life or plants.
 - ee) Water transport incident: Includes all accidents related to watercraft. Excludes drowning and submersion accidents unless they are related to watercraft use.
 - ff) Not applicable: This code is not an official code, and should be entered in any case where an external injury code is not applicable, such as when a patient suffers from chest pain or fever.
 - gg) Unknown: This code is provided primarily for situations in which the data is being entered at a time when the information cannot be accurately reconstructed from the run record. This should be a rare entry.
 - hh) Other: Use this code when no other category applies
- 84) Provider Impression: EMT's clinical impression that led to the management of the patient (treatments, medications, and procedures).

- a) Abdominal pain/problems: Includes acute abdomen, painful abdomen, cramps, etc. Does not include abdominal trauma.
- b) Airway obstruction: Includes choking, swelling of neck, croup, epiglottitis, and foreign body in airway.
- c) Allergic reaction: Includes reactions to drugs, plants, insects, etc. Category includes hives, urticaria and wheezing, when suspected of being related to allergy.
- d) Altered level of consciousness: Refers to patients with any alteration of consciousness, including patients who appear to be substance abusers or under the influence of drugs or alcohol.
- e) Behavioral/psychiatric disorders: Includes all situations in which a behavioral or psychiatric problem was considered the major problem that the EMT identified.
- f) Cardiac arrest: All instances in which cardiac arrest occurred.
- g) Cardiac rhythm disturbance: Includes any rhythm disturbance which was noted on physical examination or with a cardiac monitor, when the rhythm was the major clinical reason for care rendered by the EMTs.
- h) Chest pain/discomfort: Includes patients with complaint of chest pain, including pain felt related to heart disease, upset stomach, or muscle pain in the chest wall.
- i) Diabetic symptoms (hypoglycemia): Relates to patients with symptoms related to diabetes, generally when there is a history of diabetes in the patient. The major symptom is hypoglycemia, but in circumstances where diabetes is known to exist, this category can include ketoacidosis, as well as other complications of diabetes.
- j) Electrocution: Instances of electrocution. Please note that the proper code should be entered in the cause of injury data element.
- k) GI Bleed
- l) Headache
- m) Hypertension
- n) Hyperthermia/Fever: When Hyperthermia/Fever is the major clinical assessment driving prehospital care.
- o) Hypothermia: Usually relates to environmental hypothermia, such as following submersion in cold water, avalanches, or other environmental exposure situations.
- p) Hypovolemia/shock: Patients with clinical shock, usually felt to be hypovolemic.
- q) Intoxication suspected/alcohol ingestion.
- r) Obvious death: Patients who were dead at the scene, on whom no therapy was undertaken.
- s) Poison/drug ingestion: Includes drug ingestions which are inappropriate drugs or overdoses, as well as poisonings from chemicals. Toxic gases should be coded as toxic inhalation injury. Venomous bites or stings should be coded as stings/bites.
- t) Pregnancy/OB delivery: Includes all aspects of obstetric care rendered in the prehospital setting.
- u) Respiratory arrest: Instances in which the patient stops breathing. These patients always require ventilatory support on at least a temporary basis.
- v) Respiratory distress: Includes patients with respiratory distress who continue to have spontaneous breathing and never suffer respiratory arrest. These patients may require ventilatory support.
- w) Seizure: Includes major and minor motor seizures. Focal seizures should also be recorded as seizures.
- x) Sexual assault/rape: Refers to suspected sexual assault/rape. The code refers to unspecified traumatic injury but the cause of injury code should resolve this adequately.
- y) Toxic inhalation: Smoke inhalation encountered in conflagration setting or other toxic inhalation.
- z) Stings/Venomous bites: Includes poisonous snakes, insects, bees, wasps, ants, etc. If an allergic reaction occurs and predominates the clinical situation, then the clinical assessment should be coded as an allergic reaction rather than a sting or bite, since the code in the cause of injury data element will further clarify the cause.
- aa) Stroke/CVA: Cerebrovascular accidents, strokes, TIA.
- bb) Syncope/fainting: Fainting is the major clinical assessment, even though the patient may be fully awake at the time of EMS evaluation.
- cc) Traumatic injury: All patients for whom traumatic injury is the major reason for the EMS response.
- dd) Vaginal hemorrhage: Refers to abnormal vaginal bleeding in sufficient amount to have driven the EMS response. When pregnancy is involved, vaginal hemorrhage should only be coded when the hemorrhage itself was the major concern to the EMT.
- ee) Other: Use this code when no other categories apply.
- ff) Unknown: Use this code when there is not enough information on the run sheet to determine the clinical impression of the EMTs. This should be a very rarely used code.

85) Chief Complaint: As stated by the patient.

86) Time of Onset: Time patient reports experiencing the problem.

87) Procedure or treatment:

- | | |
|----------------------------|-------------------------|
| a) Assisted Ventilation | k) Oropharyngeal Airway |
| b) Backboard | l) Oxygen by Cannula |
| c) Bleeding Control | m) Oxygen by Mask |
| d) Burn Care | n) Physical Exam |
| e) CPR | o) Radio/Phone Report |
| f) Cervical Immobilization | p) Splint of Extremity |
| g) DNR Protocol | q) Traction Splint |
| h) Glucose Administration | r) Vital Signs |
| i) Nasopharyngeal Airway | s) Other_____ |
| j) Obstetric Care/Delivery | |

- 88) Procedure/Treatment: List EMT administering.
- 89) Comments: EMT's written comments.
- 90) Incident disposition: End result of EMS response
- a) Treated/transported by EMS: This code means that the ambulance service provider/response unit providing the data record treated and transported the patient. If the EMS responder transports a patient to a rendezvous point with another ambulance service provider/response unit (for instance, a ground crew rendezvous with a helicopter based agency), this is the correct code for this data element.
 - i) Options for Destination Type: Health care facility or unit/home that received patient from the ambulance service provider/response unit providing this record.
 - (1) Home / Residence
 - (2) Police/jail
 - (3) Medical office/clinic
 - (4) Skilled Nursing Facility
 - (5) Hospital
 - (6) Morgue
 - (7) Other
 - (8) Not applicable
 - ii) Destination determination: The reason a transport destination was selected.
 - (1) Closest facility
 - (2) Diversion
 - (3) EMT Choice
 - (4) Law enforcement choice
 - (5) Managed care
 - (6) On line medical direction
 - (7) Patient family choice
 - (8) Patient/physician choice
 - (9) Protocol
 - (10) Specialty center
 - (11) Other
 - b) Treated/transferred care: Indicates that the EMTs provided treatment at the scene but the patient was transferred into the care of another ambulance service provider/response unit. The response unit did not provide transport in this instance. For example, if a BLS provider is at a scene and treats a patient, but a separate ALS responder arrives and takes over, the BLS record would indicate this code.
 - i) 1: To aero-medical unit
 - ii) 2: To ALS unit
 - iii) 3: To BLS unit
 - iv) 4: To law enforcement
 - c) Treated / no transport
 - i) Treated/transported by private vehicle: This code means that the EMTs provided treatment, but the patient was transported to his or her destination by a private vehicle. This includes instances in which the patient transports himself via private automobile, if the EMTs understand that the patient is going to seek further medical care, such as at a private doctor's office or local emergency department.
 - ii) Treated/transported by other means: Such as public transportation.
 - iii) Treated and released: This code means that the EMTs provided treatment, and the patient required no further emergency care. This is distinct from the instance in which the patient is known to be in need of further care, but is transported by himself or others to the facility providing further care.
 - iv) Patient refused care: Patient was at scene and refused care, whether injured or not. If the EMTs know that there is an injury, but the patient refuses care and is transported by friends or acquaintances, this is still the correct code for this data element.
 - d) No treatment needed: This code means that the EMTs evaluated the patient and no treatment was required. If the patient refused evaluation, or if the EMTs did not evaluate a specific patient, this is not the correct code for this data element.
 - e) Dead at scene: This code means that the patient was pronounced dead at the scene, whether or not treatment was undertaken.
 - f) Canceled: This code means that the response unit was canceled enroute or at scene.
 - g) Not applicable: This code is used when a disposition is not applicable. For instance, if the unit is on standby and no incident occurs, then this data element is not applicable. In this instance, the data element called "Service Type" will have been coded as standby. For all standby records, this data element should be coded as not applicable.
 - h) Unknown
 - i) No patient found: If not canceled, but no patient can be found by the EMTs at the scene dispatched to, this is the correct code.
- 91) Lights and siren during transport: (Bypass if no transport).
- a) Non-emergent, no lights or siren.
 - b) Initial emergent, downgraded to no lights or siren.
 - c) Initial non-emergent, upgraded to lights and siren.
 - d) Emergent, with lights and siren.

- 92) Position Patient Transported: Position patient in during transport.
- 93) Other Services on Scene
- a) Law Enforcement (Police/ Sheriff)
 - b) Fire Department
 - c) First Responder
 - d) Other
 - e) None
 - f) Physician
 - g) Nurse/Physician Assistant
- 94) Arrival Status options:
- a) Unchanged
 - b) Better
 - c) Worse
 - d) DOA
 - e) Unknown
- 95) PPE Used: Personal protective equipment used by EMTs.
- 96) Facility Notified By: Indicate means by which facility was notified.
- 97) Difficulties Encountered: Indicate any difficulties encountered in responding and transporting patient.
- 98) Time Report Received: Indicate time report was received by ED or facility.
- 99) Report Given to: Indicate to whom report was given.
- 100) Signature: Signature of EMT completing run report.

THIRD PAGE

- 1) Time: Enter time for any drug or procedure.
- 2) Who Performed: Enter name or number of EMT who administered drug or procedure.
- 3) Blood Pressure: Indicate patient's systolic and diastolic blood pressure and time taken.
- 4) Pulse: Enter the pulse rate as obtained by palpation of the radial, carotid, or femoral pulse.
- 5) Respirations: Enter patient's respiratory rate, quality and oxygen saturation percentage (SpO₂).
- 6) Cardiac Rhythm: Enter cardiac rhythm interpreted and blocks identified.
- 7) Procedure: Enter procedure that was performed at that time. Include number of attempts at procedure and success. This is also the place to enter automated external defibrillator (AED) analysis, shocks/joules for defibrillation, etc.
- 8) Medications: Enter medication(s) given, dose and route.
- 9) Airway complications: Indicate any complications, including dental, esophagus, pharyngeal, trachea, etc. Also indicate on treatment log.
- 10) Airway Placement Verified by EMT: Enter method(s) used to verify airway placement.
- 11) Prehospital outcome: Indicate whether or not patient arrived at the hospital with a pulse.
- 12) Emergency Department (ER) Outcome (if known): Indicate from the following:
- a) Admitted to Hospital:
 - b) Discharged
 - c) Discharged against medical advice
 - d) Transferred
 - e) Died
 - f) Unknown
- 13) Hospital Outcome (if known): Indicate from the following:
- a) Died
 - b) Discharge
 - c) Transferred
 - d) Unknown
 - e) Not applicable
- 14) Equipment Failure (explain): Indicate if there was an equipment failure and explain what it was.
- 15) Tube Verified: Indicate tube placement verified.
- 16) ALS Provider Arrival: Indicate time of ALS service arrival at patient.
- 17) Differential Diagnosis: Akin to Provider Impression, this is a common term for ALS/paramedic services. Indicates what protocol paramedic is following.
- 18) Additional Comments: Expanded area for additional comments. Can be continued from page 2.
- 19) Medical Control Physician name.
- 20) EMT Number and Signature: Indicate EMT license number and obtain signature of EMT completing the report and EMT in charge.